

THE NINTH
ANNUAL REPORT

TO THE

BEDLINGTONSHIRE

URBAN

District Council,

FOR THE YEAR 1909,

BY

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Medical Officer of Health.

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TO THE CHAIRMAN AND MEMBERS
OF THE
Bedlingtonshire Urban District Council.



MR. CHAIRMAN AND GENTLEMEN,

I beg to submit my Ninth Annual Report on the Health and Sanitary condition of your district for the year 1909.

ESTIMATED POPULATION.

Averaging out matters from the last census returns, the so far constant factor of 5 persons per house, the usual proportion of voters on the list to the total population, and an occasional limited private census, I estimate the population to mid-year at 25,630, and on these figures our statistics are based.

BIRTH RATE.

458 male children and 359 female were born during the year—a total of 817, or 33 more than last year. This gives an annual rate of 31·8 per 1000, the lowest rate so far recorded. Whether this gradual lowering of the birth rate is a good thing or a bad thing is open to argument. If one could honestly see that the children born were from better stock and had more chance of being reared into healthy adults, one would not grumble about the diminishing birth rate so much, as one would then be inclined to think that parents were realising more and more their duties to their offspring in the way of trying to rear them under better conditions than those under which they themselves were brought up. Whether this is so is an open question. Under average conditions a small family well brought up is of more value to the state than a large family merely dragged up, *i.e.* roughly, ill fed, ill clad, ill housed, badly nourished as the result of poor and improper feeding, and badly educated. It is a strange psychological problem that more attention is given in this civilised country to the rearing of good and strong breeds of animals, *e.g.* horses, cattle, poultry, dogs, pigeons, &c., than to the breeding and rearing of healthy, strong and vigorous human beings.

DEATH RATE.

During the year 189 males and 161 females died, giving a total of 350 as against 385 last year. This works out at an annual rate of 13·6 per 1000. Were the deaths of premature infants, those weakly from birth and unlikely to survive (44 in number), deaths from accidents, 11, and from suicide, 1, excluded from the list, the ordinary disease death rate for the district would be 11·47 per 1000. The general mortality rate this year is satisfactory, especially when one considers it under the light of the sickness rate which for a considerable portion of the year was very heavy.

The number of births and deaths in the separate localities are given in Table II at the end of the report.

This table shews that the highest birth-rate for the year occurred in Netherton, *viz.*, 42·6, the lowest in the East and West Sleekburn part of the district—17, while the highest death-rate was in Barrington—23 per 1000, and the lowest in East and West Sleekburn, *viz.*, 8·5 per 1000. The highest number of deaths occurred in December when 42 were registered, while the lowest number was in August—15, an exceptionally small number for this particular month.

With regard to births, 81 were registered in April and 56 in August, the highest and lowest numbers respectively for the year.

INFANTILE MORTALITY.

During the year 95 Infants under 1 year of age, died as compared with 138 last year. This makes the Infantile Mortality Rate 116 per 1000 births as against 174 last year. This is the lowest rate recorded and for a district such as ours a wonderfully good rate. Further, when one considers that many of these deaths were from causes which may be looked upon as unavoidable, there is still more reason for satisfaction. Among these deaths 24 were of Infants under 1 week, and under 1 month (including the 24) 38 Infants died.

The number of Illegitimate Infants born was 25—9 male and 14 female, while only 2 deaths of illegitimate infants under 1 year of age, both males were recorded, and one of the two was prematurely born. This is an unusually small proportion.

HOUSING.

Certificates of occupation have been granted during the year for 259 new houses, which brings the total number of inhabited houses in the district to 5126. Notwithstanding this activity in building there still exists a demand for houses greater than the supply, with the result that overcrowding still commonly occurs. The overcrowding is dealt with as it is found out, but the measures taken generally mean that people are hustled out of one overcrowded house to take refuge in another house which then becomes overcrowded, and so on until they can find a house for themselves. This is as regards families chiefly, and the neighbourly feelings of the people are well shewn by their willingness to take folks into their houses in this way. As to the manner in which the overcrowding problem is complicated by the lodger problem much might be written and much is said. Suffice it however to mention here that the question is always with us, is ever difficult to deal with, and is largely influenced or aggravated by the more or less natural desire on the part of the mistress of the house to eke out the fortnightly pay by getting a certain amount of profit out of the lodger. Whether this is really a profitable undertaking—looking at the broad aspect of the question—is often open to grave doubt. Thoughtless early marriages, too, often tend to cause a certain amount of overcrowding, as many who marry thus have frequently of necessity to live in one or other of the parental households, and perhaps before the young folks can get a house the household has been increased by one or two children being brought into the world. Most people here consider that although there is a certain amount of evil in this and a great deal of inconvenience which often leads to trouble in the future, that it is still preferable to going into a house with furniture, etc., taken on the hire purchase system, living in constant dread of being unable to meet the high fortnightly charges and the consequent chance of forfeiture of their goods, and running the risk of demoralization for the future. Nor can one altogether blame them, as it is a sad thing to see people born on credit, brought up on credit, living on credit, dying in debt, and having practically to be buried on credit. The prospect of this state of things is even more demoralizing than such instances of overcrowding.

Many of the houses which have been erected during the year are of a better type and more commodious nature than many of those erected formerly ; others however are chiefly run up on the cheapest possible lines, and this is an evil which will lead to many further evils from a health point of view in the future. It is regrettable to think that this sort of thing is to a considerable extent encouraged at headquarters and advocated by many so-called housing reformers. The ill effects of this modern craze for cheapness and shoddy on the health of the people is a problem that future generations will have some difficulty in dealing with. It is not for the good of the nation from either a moral or a physical standpoint.

Another matter in connection with housing in this district which becomes aggravated as years go on is the fact that many of the back streets adjacent to the houses are in the first instance improperly constructed, with the result that in a very short time they become nearly impassible for foot passangers in bad weather and remain at such times a standing source of danger to the health of even the best shod school children who often have, as the result of traversing these muddy and puddly streets, to sit in school with feet damp or soaked.

The chief fault with the habitability of the newly erected houses is that most of them are occupied before they are really ready and fit for habitation. As regards the sufficiency of the open spaces about the newer houses sufficient attention is paid to this matter. Many of the newer houses have self-contained cemented or flagged yards, and in a large proportion of these yards water is laid in, while in the case of flats most of the upper flats have the water in too. This is a great improvement over the old pant system and does not, I believe, lead to a

wastage of water. A considerable number of these houses too have bath-rooms and in many cases water closets have been erected instead of privies. Many of the remarks about housing made in the last annual report apply to the state of affairs still prevailing. Improvements as regards sanitary conveniences are dealt with in another part of the report.

Several houses have been closed as unfit for human habitation, and in many others structural alterations have been carried out to render them more fit for habitation. In many cases cement concrete floors have been substituted for the old tiled and flagged floors and also for wooden floors which had dry-rotted for want of ventilation underneath them and where they had been laid too close to the soil. The question of spouting has been seriously dealt with during the year and in numerous cases where there was no spouting, spouts have been fixed and drains laid to carry away the water from the roof; in further cases where the spouting has been defective new spouting has replaced the worn out. The result of these measures has been to render many house walls less damp.

WATER SUPPLY OF THE DISTRICT.

The water supply throughout the year has been well maintained. 1400 yards of new 6 inch water main have been laid between Bedlington and Bedlington Station. This will greatly facilitate the maintenance of the necessary pressure to supply some of the outlying parts of the district where hitherto at times when the off-take of water had been exceptional the pressure was not satisfactory. A considerable number of 3 inch and 2 inch mains have been laid in several parts of the district and many private services have been put in. 20 extra water pumps have been erected in the older parts of the district where they were needed to lessen the distance people had to carry water to their houses.

The most important development during the year in connection with the supply of purer water to the district has been the making of a new filter bed. This has required for completion over 1500 tons of filtering material and the capacity is more than two-thirds the capacity of the existing beds. The protection of the filter bed on one side necessitated the erection of a large retaining wall 90 yards in length and considerable buttressing of the river bank on the other side. What will next be required for a further improvement in regard to the water supply is the substitution of a large settling tank for the existing wells, and this work it is hoped will be done next year.

In considering the average amount of water used per head of the population in a district such as this it should be remembered that nearly all the water used for the domestic washing and a great proportion of that used for personal libation is rain water from the roofs of the houses collected in barrels set under the downfall pipes.

Analysis of the water taken from time to time during the year have shewn that the water has been suitable for domestic consumption.

MILK SUPPLY.

During the year two dairies have been closed as they did not meet the sanitary requirements of the Council. Alterations toward improvement have been ordered in two other dairies, which will be abolished if these improvements are not satisfactorily carried out. A general tendency towards improvement has been observed in most of the dairies in the district and also in the methods of handling the milk. This is most desirous in the interests of the public health, and carelessness in matters of cleanliness in regard to this most important adjunct to our food supply should be severely dealt with. Practically all the milk supplied within the district is produced in the immediate neighbourhood, so that we are in a better position than most districts to deal effectively with any slackness on the part of the purveyors. The general wholesomeness of the milk produced within the district is quite up to standard.

All the dairies, cowsheds, and milkshops in the district have been inspected during the year and the necessity for cleanliness in the handling of the milk impressed upon the sellers. The producers are mostly the sellers and distributors, so that when it comes to matters of administration they can be readily got at.

Contamination of the milk is more likely to occur in the homes of the people, generally speaking, in this district than at the source of supply, as many of the pantries, etc., are not suitable places for storage, and many of the people will not take the trouble to protect the milk from contamination by flies. Very little sterilised milk is used.

In regard to the question of Tuberculous Milk, which is largely responsible for a very high percentage of all the human Tuberculosis in the country, this can only be satisfactorily dealt with by the insistence on the destruction of all tuberculous milch cows and the payment of adequate compensation to the owner. The owner should be encouraged to have his infected cows destroyed, and if he thoroughly considers his own ultimate interests he will not need a great deal of encouragement, for, if he can give a guarantee with his milk that it is free from Tubercle Bacilli, he can command a better market for it and in many cases an enhanced price. The matter is largely a question of pounds, shillings and pence, and in cases where owners of milch cows, who are milk purveyors, have either had sufficient business acumen or a sufficiently daring speculative mind to anticipate the trend of educated public opinion—I leave out the question of whether these men may not also have considered the problem of stamping out Tuberculosis in the interest and welfare of the country—where they have tested their herds with Tuberculin, destroyed all milch cows which reacted to the test, and issued a guarantee with their milk (which they have had tested periodically for the presence of Tubercle Bacilli), that it is free from contamination by Tubercle, these vendors have found that from a business point of view the precautions they have taken, including uncompensated slaughtering, have paid them by increasing the demand for the milk they purvey. Further their business reputation has been greatly enhanced, and if they have thought out the problem of stamping out Tuberculosis they will have the satisfaction of knowing that they are rendering an inestimable service to their country.

UN SOUND FOODS.

FLESH FOODS.—No unsound flesh foods have been exposed for sale in the district, so far as the officials are aware. A great proportion of the animals used for food in the district is bought under a guarantee, which if found to be Tuberculous when slaughtered, must be destroyed. This provision is strictly carried out in the interests of both sellers and consumers, as the sellers well know that the people of the district will only buy prime meat. A few carcasses of cattle were found to be tuberculous when slaughtered, which were at once destroyed. This district is better off than most districts in the county in this respect as there is within the district a “Slaughter House” where such carcasses are destroyed.

Practically the only trouble which arises in regard to unsound food is that caused by the “Fish and Chip” shops. From time to time cases approximating to Ptomaine poisoning crop up traceable directly to the consumption of “Fish and Chips.” The fish rarely seems to be the cause of the trouble which appears to arise in nearly all cases from the quality of the grease used. We find that where beef dripping is used in the process of cooking the fish and chips no harmful effects arise, but other varieties of grease and tallow admixtures are frequently used in place of dripping and they seem to be the source of evil. It is difficult to know how to deal with this question as there does not appear to be any special standard of purity required for these articles. The best manner of dealing with the matter, as affairs are at present, is in the hands of the public who should refrain from purchasing at such shops as use grease and tallow mixtures in place of dripping. Is the “fish and chip” eating section of the public prepared to use sound judgement in satisfying its palate in obviating or lessening the risks it runs of being poisoned by insisting on refusing to partake of any “fish and chips” cooked in these unsafe, uncertain and mysterious mixtures?

CONDITION OF SLAUGHTERHOUSES.—There are several good slaughterhouses in the district quite up to modern standards in all respects; others however are much behind the times and unsuitable in construction and situation. All have been inspected during the year and with the exception of one case particular attention to cleanliness has been paid. It is not intended in this report to say anything about the slaughterhouses in the district which do not meet the requirements of the new Bye-Laws for Slaughterhouses, as the matter is at present under consideration by the Council and will be dealt with in due course. The District is not well situated geographically with regard to the position of its townships for the erection of a Public Slaughterhouse.

OTHER FOODS.—In the ordinary sense of the term there are no places where “special foods” are prepared in the district. Bakeries of course exist and in these the bread, cakes, etc., are prepared and cooked under proper conditions. There are also many houses in which home made bread is made for sale to the public under wholesome conditions. No systematic inspection of these last named premises is undertaken, but from time to time as one goes through the ordinary routine inspection of the district one looks in where one knows bread is baked for sale in order to see how things are being conducted. Hitherto there has been no reason to complain of the way in which this kind of business is managed.

A matter which has a more important bearing on the public health is the question of market gardening in the district. There are a good many market gardens in the district ; a considerable proportion of the vegetables grown is sold in the district and much is sold around the neighbourhood, a large amount of such produce going in to Newcastle-upon-Tyne. Some of the market gardeners are frequently in the position of scavenging contractors and nearly all from time to time use privy-midden contents for manurial purposes. How far this practice may be at times responsible to some extent for outbreaks of Summer and Autumn Diarrhœa, Enteric Fever, and of certain Worm Diseases, which may be caused by the eating of raw vegetables is not easy to determine.

A further question involved in this is discussed under the heading "Excrement Disposal."

With regard to the question of tinned goods which are to some extent consumed in the district, it has been found from time to time that some have been unsound or "blown." American tinned meats have been the chief class affected and this may be one of the remoter issues of the late war. It is not likely that much harm is done by this as most housewives using such meats readily detect a "blown" tin or one which has been "blown" and subsequently tampered with, and they are most likely returned to the vendor.

Action under the "Sale of Food and Drugs Act" is in this district as a rule generally taken by the Police acting under instructions from the County Authority.

SEWERAGE AND DRAINAGE.

The new Sewer from the Doctor Pit rows to tidal waters at the Bank Top is now almost completed. This is a most important improvement as besides the large number of houses it taps it practically does away with the last of stream pollutions so far as the town of Bedlington is concerned.

Several new Sewers have been laid down wherever new houses have been erected or connections have been made with existing sewers. In one or two cases old worn out surface channels (open sewers) have been replaced by close sewers laid in the ordinary fashion, while several old sewers which were found to be laid with field pipes have been taken up and proper sanitary pipes substituted. A few drains were found unconnected with any sewer ; in these cases connections have been made. On the whole the district may be said to be fairly well sewered. In certain places where this is not the case, *e.g.* Netherton, where a well worn old open channel exists, the work is not being immediately undertaken as a definite decision has not been come to yet as to whether separate sewage disposal works will be laid down for that township and the others on the line between these places and tidal waters, or whether a main sewer will be constructed to take all the sewage from these townships direct to tidal waters.

It is a question of the ultimate relative cost between alternative schemes and their subsequent effectiveness.

The general condition of the newer sewers and house drains is good, but each year we discover from time to time old sewers and drains which are in a very bad condition. When such are found the condition is remedied. Roughly speaking there are two methods of sewerage in vogue in the district, *viz.*, open channels connected with main closed sewers, and closed drains and sewers constructed and ventilated in the ordinary way. In a few isolated instances the sewage is treated by means of septic tanks and bacteria beds, and there are odd cesspools in the district.

The localities in which improvements are needed are broadly speaking those townships already mentioned, where a main sewer to tidal waters to tap their outlet sewers is projected.

POLLUTION OF RIVERS AND STREAMS IN THE DISTRICT.

All the pollutions in the district in connection with the stream from which our water supply is drawn have been remedied. The chief polluted stream in the district is the Willow Burn and its continuation, the Sleekburn. The scheme mentioned above to convey the sewerage from the townships adjacent to it, to tidal waters ; or alternatively to deal with the sewage from these townships separately by means of sewerage disposal works is the greatest project we have on hand and the most difficult matter to deal with in the whole district from a sanitary point of view if usefulness and economy be studied.

EXCREMENT DISPOSAL.

This is done by contractors, the contracts being let once a year. There has practically been no change; what has been said in former reports still applies. In regard to the defects of the system which have been mentioned in former reports, certain of these are year by year being remedied.

During the present year cart entrances have been made into several places where the contents of the privy ashpits had to be wheeled out and in other cases where this, from structural defects in the properties concerned, was not found to be practicable for various reasons water closets have been substituted for privies. 43 privies have been so converted during the year, making 150 in all which have been dealt with since this work was started. In a few more the work is being hurried on and shortly all of this nature in the district will have been done away with. There are 3356 privies in the district and 566 water closets, most of which have been erected in recent years. The general tendency in the district appears year by year to trend in the direction of the erection of more water closets. Whether the time is ripe for the conversion of all the privies where possible into water closets, and make the general method of sewerage disposal a water-carriage system, is open to considerable doubt.

In a mining district such as this where the larger proportion of the people are provided with what is called free house coal there is a large amount of wastage in the shape of cinders and ashes. The manurial value of these of themselves is not great, although they are of value in helping to break up the thick clay subsoil mechanically but when they are mixed with the privy contents they are of greater value. In the question of excrement disposal this has to be taken into account as there already exist difficulties in getting this house and privy refuse satisfactorily disposed of even at an increasing yearly cost. Were a general conversion resolved upon it is a moot point whether the opposition would not prove too strong to enable such a project to be carried out.

Opinions differ as to whether it is wise to altogether send our sewage to the sea; many consider that thereby much is lost to the land; and if the question came to be fought out on purely sanitary grounds it is questionable whether a decision could be got that under proper supervision the dry disposal method was insanitary. I think such a decision could not be obtained. Here the question of the cost of removal is bound to have an important bearing in the matter, as were a water-carriage system of sewerage disposal adopted it would be nearly impossible to get tips for the dry refuse, and it is not certain that destructors would warrant the cost of their erection. The health point of view, the economic cost, the administrative difficulties, and the legal aspect of the question all tend to show that the solution of this problem is not an off-handed matter, and that it behoves us to be careful that we do not place those whom we advise, by such advice as we may give, in a worse position to deal satisfactorily with the matter than they are in at present.

PRIVY RISERS.—In many parts of the district these had in former years been constructed of wood, and we found that builders inclined to jerry-built work were anxious to perpetuate a system which was sure sooner or later to develop a nuisance. In view of this during the year a large number of such wooden risers which had become objectionable have been replaced by concrete risers which are damp-proof and which do not hold a smell, or what produces a smell, to anything like the same extent, and where it has been possible to do so insistence on risers impervious to damp have been put in. No one who knows the former history of privy construction in the district is wishful to revert to the state of affairs existent in former days, when individual consideration for the conventionalities and thought about the little things which matter in a primitive society, compelled people to erect privies at their own expense or to borrow or procure wood from the Colliery Companies with which to erect these conveniences in or adjacent to their gardens. Public opinion, which moves slowly, or, at any rate which, generally speaking, is slow in action in mining districts, once it has been roused to activity does not readily go backwards, is gradually moulding the manners and customs of the district into more progressive channels in sanitary matters, and there appears to be more hope for the future. Let people do for themselves and work for themselves, not forgetting a common interest, and whatever imperfections they may find in themselves and their work, or their surroundings, let them remember these can be better dealt with by their own efforts in a practical way than by putting them into parliamentary bills passed by theorists in sanitary legislation, who know little practically about local affairs and the ultimate effects of legislation thereon, and who seldom have to live under the circumstances, and in the legislative local atmosphere they have helped to create.

Many further improvements in the matter of sanitary conveniences have been carried out during the year. In several of the public houses new urinals, water closets, etc., have been put in to obviate existent possibilities in the committing of nuisances ; stricter supervision on the part of the police would tend to further lessen this evil which is prevalent throughout the district. Other Conveniences have been erected in several parts of the district which may have an educative influence, and still more are projected so that in course of time as finances will warrant the expenditure the whole of the district will be amply provided.

In these matters some provision ought to be made for females.

NUISANCES.

The above mentioned nuisance is a matter for the police, and there ought to be no need for the Sanitary Authority to take action in such matters. In dealing with the abatement of ordinary nuisances the usual procedure is followed and generally with good results. There is however one class of nuisance that requires to be dealt with in a more forcible manner than has hitherto been adopted, and that is the nuisance arising from time to time as regards danger from all ages of citizens catching cold through having to tramp through dirt, mud and water. in many of the colliery rows and private streets in the district at times when the weather has been unfavourable. This nuisance is primarily due to the faulty construction of such streets, and secondarily due to the efforts of the people to make what one may call dryshod passage ways over them. Other factors which lead up to the producing of this state of affairs have an infinitely more complicated and complex origin, and that is in the industrial conditions of labour prevalent not only in this district, but practically speaking over the whole coalfield. This is a matter which Sanitary Authorities as such have really nothing to do with but undoubtedly they have to suffer from the effects of the nuisance. Why the miners do not directly pay their own rents and taxes and buy their own coal is a matter between them and their employers. Why the employers do not provide a form of grate which is more suitable for the consumption of the fire coal provided and so lessen the waste that goes on is also a question between employers and employed ; but why the problem of the disposal of this waste by the Sanitary Authority and the consequent evils of the system from a sanitary point of view should devolve on the Sanitary Authority for solution is a moot point. From a sanitary point of view many of the evils which accrue from the more or less necessary adoption of this system, by arrangements between masters and men are easy of solution and obviabale. But so long as the system is perpetuated then unnecessary difficulties must always confront the Sanitary Authority not only in the methods they have to adopt for the disposal of waste, but also in the manner in which they have to deal with the unfortunate people who have somehow or other to make a passable way for themselves or their children out of these streets so unfortunately affected by the vagaries of our climate and by their own primitive methods of overcoming the same.

BYE-LAWS AS TO HOUSES LET IN LODGINGS.

None such exist. So far as legislation has gone there is nothing to help us in dealing with this evil which does not put the faults of common lodging houses before us a long way into the shade. What cannot be done under existing circumstances in common lodging houses, bad or good as they may be, can be done in houses let in lodgings with comparative impunity. This is particularly hard on the keepers of common lodging houses and still more hard on a Sanitary Authority trying to do its duty in coping with the varying circumstances which arise in both of these classes. The common lodging house keeper finds that he has to account to the Sanitary Authority when need be for every single, married, or mixed class of lodger he has in the place, and he often gets into trouble for being honest in doing so.

The person who has a house let in lodgings is by law in an altogether different category. Many things which the lodging house keeper cannot do he may do with impunity. This is a standing disgrace to present day legislation and a constant menace to such a Sanitary Authority as ours, where there are legalised lodging houses more or less a necessity to the district which is a halting ground for this particular class of migrants. If anything serious in the nature of infectious disease crops up in the common lodging houses we can deal with it and on former occasions have done so effectually, but if something of a similar nature occurs in a house let in lodgings in the legal sense of the term we, as a Sanitary Authority, are severely handicapped, as we have no real legal power to deal with either the occupier of the house or inmates except on the question of exposure. Then when it comes to a question of overcrowding, which by the way in this district is much more frequent in the case of houses let in

lodgings for the working classes than it is in the common lodging houses, we are again in a legal difficulty as any keeper of such houses can say that any inmate is a weekly lodger and we have no means of proving definitely that he is not. He may pay for a night's lodging and skip; many more may do the same, and in the meantime while the Sanitary Authority is taking steps to deal with the matter evidence that might have been procurable in the first instance is gone who knows where. The sanction of houses let in lodgings anywhere in a district such as ours by means of ordinary bye-laws such as would be sanctioned at headquarters is an injustice to decent and honest common lodging house keepers, and a farcical procedure in so far as district administration is concerned. There is a distinct need in such a district as ours for bye-laws which would put the common lodging house keepers and the keepers of houses let in lodging on a legal equality so far as responsibility is concerned.

SCHOOLS.

Practically all the schools in the district are overcrowded.

ACTION TAKEN FOR PREVENTING THE SPREAD OF INFECTIOUS DISEASE.

Schools (Infant) have been closed at Cambois and Sleekburn (Bedlington Colliery Schools) for preventing the spread of infectious disease—mostly Measles. As a matter of judgement this was not done, but it was ordered in the way of experiment to prove if judgement previously exercised proved at fault. Abundant evidence was obtained to prove that in the controlling of a mere epidemic of measles school closure did no good whatever. These epidemics originated among the scholars of the infant classes, and it has been clearly proved to my mind by the course of the epidemic and from previous experience of such outbreaks that the fault lies with the Central Education Department, which permits scholars at the most susceptible age for getting infectious diseases to attend school at all. What educational benefits these infants are to get by attending school passes my comprehension; the school and the school methods possess infinite capacities for dwarfing their brains and ruining their intellects at the expense of cramming their memories. Further they are sent there at an age when they are most likely to develop or acquire all or any of the infectious diseases always more or less prevalent or latent in a district such as ours, and I have grave doubts in my own mind whether it is justifiable to expose such tender infants, infinitely susceptible to the onslaught and ravishes of the acute infectious disorders, to such dangers even if we think we can develop a mind that is more susceptible to impressions than fit for the absorption of a code.

Arrangements for the Medical Inspection of School Children are in the hands of the County Authority. Whether this will militate for good or evil in such a district as ours is a debatable point. The Inspecting Medical Officer has been conscientious in performing his duties, scrupulous in his exactitude that his professional conduct should be correct as regards his professional brethren, and he has provided a fund of information based on professional judgement which will provide interesting statistics for the County Authority; whether the results accruing from his careful examination of the children and the infinite pains he has taken to provide a wide basis for future judgement on the result of his inspection will warrant from results the exercise of such professional zeal as he has displayed is a matter that the lay mind may have difficulty in adjudicating upon.

As a professional colleague and as a Medical Officer of Health I hope the idea and the system will prove to be beneficial, but I am rather afraid that the ultimate trend of things will be to put more work upon the official and in a corresponding manner take so much more responsibility off the individual with the possible ultimate result that the average person will wonder whether it is worth his while to take any interest at all in the development and welfare of his children, as he may be apt to trust to a beneficent state providing all things for them. Are we all to be mollicoddled together? Surely the parent should have some responsibility for the upbringing of his offspring; we have not yet come to the stage of being sufficiently educated to eliminate undesirables, whether they be infants or adults; for the good of the state it is a pity we have not come to that stage.

METHODS OF DEALING WITH INFECTIOUS DISEASE.

The usual diseases under the Notification Act are notifiable. The period for the notification of other diseases has elapsed, and we have so far not found the necessity for further notification; should that however occur we may be placed in an unfortunate position in so far as dealing with an immediate outbreak is concerned. The ordinary routine process might again have to be gone through before sanction from the Central Authority was

obtained and long before the necessary meetings could be convened and permission granted by the Local Government Board, to once more have such an acutely infectious and contagious disease as Cerebro-Spinal Fever made notifiable, the infection might have got a secure hold in the district. It would be better from a public health point of view, instead of making the disease notifiable according to present regulations for a limited period to make it notifiable so long as no reason for withdrawing the necessary permission occurred. Were this course pursued the ground of expense of notification could not be pushed as an argument against notifying for so long as the necessity for notification existed, then there could be no reason for grudging the expense. Such an idea as the sanction of notification of any particular disease in times of panic only is not worthy of serious consideration from those who have the true interests of the public health at heart, and goes to shew until we have a Ministry of Public Health presided over by a recognised Medical Authority on Public Health, with a sufficient staff under his control and subservient to his authority, instead of the present system whereby the person who presides over the Local Government Board—is from red-tape custom a LAYMAN, without any recognised necessary experience, qualification, or knowledge on or of Public Health matters, so long will the most necessary government department to deal with the broader issues relating to the physical and mental characteristics of the nation be more or less of a sinecure.

Provision is made for dealing with the usual notifiable diseases in the two Hospitals which the Council possess, leaving out altogether the interest which the Council might have in requiring a third Authority, to which they contribute more than their fair share of expense of maintenance and from which they derive no benefit, to help them in dealing with these matters, to make adequate provision to deal with any surplus of cases which might arise in their district. This the Bedlingtonshire Urban District Council have a right to do, but while maintaining their right to do this they contend that the other Authority ought to act strictly on its own rights as such, and they further maintain that this Authority has no right to use, as they have been doing for years, the joint Hospital as an Hospital for the reception chiefly of cases from their urban district to save them providing an hospital for the reception of their own cases. From an administrative point of view it would be much better if the two present Authorities could see their way to amalgamate; this would lessen expense for both. At a developing port like Blyth the need of a separate and special Hospital for the reception of Port cases only becomes each year more apparent.

Under ordinary pressure one of the Council's Hospitals can deal with 14 cases of Infectious Disease and the other under similar conditions can accommodate 20 cases, a fair arrangement as compared with most districts with a similar approximate population. Although this may by some be considered an adequate provision in certain districts it is open in our district to certain objections, the first and foremost of which is that no matter how much Hospital accommodation we had we could not possibly deal with the incidence of infectious disease with the staff at our disposal. Infectious diseases in our district as in other districts come in waves—epidemics if we may so call them—and in the way in which we are circumstanced where the people are, fortunately or unfortunately as the case may be—of an independent race, under the present conditions not exactly of sanitary law but of magisterial law and sanitary administration, forcible detention in hospital for most cases of infectious disease is out of the question. What is then to be done? We must face things as we find them! Take any of the notifiable diseases as they turn up—Smallpox is not difficult to deal with—although one has to go beyond the law many times in coping with it successfully; Enteric Fever is not difficult to deal with except in the matter of treatment; Scarlet Fever is not possible to control with the Hospital accommodation at our disposal; Diphtheria can not be satisfactorily dealt with either from an Hospital point of view or from an administrative point of view unless our powers are materially altered; Erysipelas requires no special handling; Puerperal Fever can be dealt with adequately, and the other Infectious Diseases accordingly if they are left to be dealt with on common sense lines, and those who have the immediate tackling of them are not handicapped by red-tape administration there is nothing to fear, but if one gets one authority after another bothering with such dangerous methods and nothing is left to the initiative of the man who probably knows most about it, and who in any case has to handle the outbreak to the satisfaction of his own Authority, it stands to reason that on general principles there is no need for the Central Authority to interfere at all. In regard to the methods we have to adopt in dealing with infected clothing and substances we have not had much difficulty there. At the one hospital we have burned what we could not satisfactorily disinfect—and this is probably the best way; at the other hospital we have disinfected things as they came in. Both methods have answered well, but on the whole although it may be more costly in the first instance I personally prefer everything to be burned as thereby one does away with any chance of future contamination or infection. In a general way, considering the materials which usually carry infection, such as cannot be efficiently dealt with in the home are as a general rule better burnt.

METHODS OF CONTROL OF TUBERCULOSIS.

No system of notification voluntary or compulsory exists *i.e.* as regards ordinary individuals. Compulsory notification is confined to poor law subjects. During the year only one such case was notified and that was a transfer from another district—a case which in the district in which it was originally notified was a poor law case, but when it came under our jurisdiction was not in receipt of poor law relief, in fact one of these sad cases in which the disease was responsible for the change of status of the individual and his partial recovery for the bringing of him back to his old standard of citizenship. This is the kind of case which illustrates clearly that in the treatment of such a disease something more than the social standing of the person suffering from the disease must be considered.

Under present circumstances an unsatisfactory state of affairs exists. Compulsory notification, roughly speaking, except in special instances, being confined to those unfortunate persons who come within the purview of the poor law. If the disease is to be made notifiable at all surely such notification should extend to all classes in the community; the means of dealing with the matter after notification would of course vary with the special circumstances of the individual case. To efficiently control the spread of Tuberculosis a combination of three chief factors rises in ones mind. 1st, some method of getting under proper control the disease in the chief tuberculosis' spread-animals, viz., those of the bovine race. This ought to be a national concern and all animals affected, which are at all likely to be concerned in transmitting the disease to the human subject, ought to be slaughtered and adequate compensation paid to the owner out of the public purse. Secondary methods of dealing with this would naturally go on ordinary administrative lines. 2nd, The segregation of all individuals so affected with Tuberculosis that a cure is unlikely. This is most important as such persons, although mostly of a hopeful temperament, are often thoughtless as regards the danger they are to those around them, who themselves are generally careless. 3rd, Adequate provision for the treatment of cases in the early stages of the disease, which under proper conditions are curable, should be made, and here again I think as the disease is a national danger the method of dealing with it should be controlled from headquarters.

If some general method of dealing with the disease on the lines suggested were adopted I have no doubt that in the course of two generations Pulmonary Tuberculosis would become nearly as rare a disease as Typhus Fever.

Sanitation has been responsible for the eradication of Typhus Fever, and Sanitation on broader lines could exterminate Tuberculosis just as effectually if the general community could be educated up to the true understanding of the dangers of the disease.

Dogs suffering from Rabies (Hydrophobia) are rarely seen in Britain now a days. Had the control of this virulent disease been left in the hands of an uneducated public would the results have been so satisfactory as they are? I think not. Tuberculosis being more insidious kills an infinitely greater number of cattle and human beings than Rabies ever did in the matter of dogs and humans or was ever likely to do. Can the Central Administrative Authority not take the bit between their teeth and insist on dealing with the one as effectually as they have done with the other.

Those of us who see in our daily life not only the actual ravishes of this scourge, but the untold miseries, mental, physical, moral and economic left in its train, are prepared to use all the influence we can to have the matter treated in a drastic fashion, feeling as we do that the more drastic the measures adopted in the present the less chance will there be of future evil. As a matter of economics, which is the bogey at which most reformers shy, the more drastic the measures adopted in this generation the less need would there be for such expenditure in the next.

In regard to the action at present taken in respect of known cases, the action under present circumstances is almost limited to the giving of advice as to the necessary precautions to be taken in the household to prevent the spread of the disease. When a death occurs the general custom is to disinfect the house. Under existing conditions no hospital accommodation is provided for cases of pulmonary tuberculosis either in the advanced or in the earlier stages of the disease. So long as this question remains a local one I believe that it would be wise for the Local Authority to take charge of all advanced cases and thereby to some extent lessen the risk of infection from them spreading to those immediately surrounding them. As regards cases in the earlier stages of the disease under present circumstances I do not think that the responsibility of the individual should be entirely overlooked.

NOTIFIABLE DISEASES.

During the year 72 cases of Notifiable disease were reported as against 95 last year—a decrease of 23. This is in the way of things and we have no particular reason to congratulate ourselves—we may have a greater number next year—except in one respect and that is as regards the incidence of Enteric Fever. In the year under review we had 12 cases compared with 38 cases in the previous year. It is perhaps not fashionable to say so now a days, but one cannot help thinking that the climatic conditions of the year were largely responsible for this fortunate turn of affairs. In a privy midden district such as ours flies are largely responsible for the transmission of diseases of this nature from one member in a household to another and from house to house. The year was an unfavourable one for the breeding of flies. Recognising the important part that flies take in transmitting disease the Council issued in leaflet form the following instructions:—

SUGGESTIONS TO HOUSEHOLDERS FOR LESSENING THE FLY NUISANCE.

1. It is essential to keep the interior of the house as clean as possible. Keep the room in which meals are taken as free as can be from crumbs and scraps of food from the table.

2. Try and keep all food *e.g.* milk, jam, sugar, fruit, meat, fish, etc., under cover and in the coolest place possible. For covering vessels containing milk, etc., squares of fine muslin weighted with lead at the corners are very useful.

3. No house refuse should be put into the ashpit as there it becomes a feeding and breeding place for flies. It should all be burnt in the fire.

4. Put in a shallow dish, such as a soup plate, 2 tea-spoonfuls of Formalin and add to it 1 gill of cold water. Place a dish with this mixture in each room and in the pantry in any suitable position. The mixture requires to be renewed every 2 days.

5. An occasional fumigation of the living rooms with Formalin is of great use both for the destruction of flies and other insect pests.

Information as to the best means of doing this will be given to any householder at the Council Offices at 9 o'clock on any week-day morning during the summer months.

N.B.—Flies carry the germs of such diseases as Diarrhoea and Enteric Fever and deposit them on articles used as food.

It would tend still further to the lessening of the influence of the fly as a disease carrier could the Council see their way to insist on the cleaning out of all privy-ashpits at least once in 10 days—more often if possible—as thereby the incubation of the eggs of the fly would be largely prevented and so the swarms of flies at present infesting the privies in hot weather would be greatly reduced in numbers. This remark applies in an even more particular degree to the accumulations of stable manure which exist in nearly all parts of our district and which are the very best breeding grounds for flies. If this class of manure were removed more frequently and allowed to rot in the ground instead of being kept in heaps until such time as it matured there the manurial value of the stuff would be no less and its opportunities as a disease propagator through the agency of flies would be lessened. One knows that this does not appeal to the instincts inherited or otherwise of agriculturalists, but it is a matter they might think about.

Total number of Infectious Diseases notified in each locality:—

	Total.	Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn.	E. & W. Sleekburn.
Scarlet Fever	30	0	4	10	8	2	6	0
Enteric Fever	12	2	4	0	1	1	2	2
Erysipelas	10	0	4	0	4	0	1	1
Diphtheria	17	6	6	0	2	0	2	1
Continued Fever	2	0	0	0	0	2	2	0
Puerperal Fever	1	0	1	0	0	0	0	0
	<hr/> 72	<hr/> 8	<hr/> 19	<hr/> 10	<hr/> 15	<hr/> 5	<hr/> 11	<hr/> 4

SCARLET FEVER.—The cases of this disease were mostly mild in type and occurred where they reasonably might be excepted—among the school children—except in one instance where the disease attacked an adult. The control of this disease will continue to be difficult so long as children are sent to school at a susceptible age, especially as in our district practically all the schools are overcrowded. There was 1 death.

ENTERIC FEVER.—This disease which is endemic in our district did not show itself with the same virulency as it formerly has done ; this is probably due to the seasonable conditions having been unfavourable. There were 3 deaths from reported cases of the disease but it is extremely improbable that 2 cases reported, both of which died, were cases of Enteric Fever at all ; the other death which occurred was from complications following the fever after the patient had recovered from the fever as such.

ERYSIPELAS.—There is little to say about this disease.

DIPHTHERIA.—17 cases were reported with 1 death. The report of the case and the death took place within a very short time ; the case being one of those unavoidable deaths from Diphtheria starting in the larynx. One hardly knows how this disease is going to be stamped out in such a district as ours and the incidence of the disease is to a great extent mysterious. That it is carried from time to time is evident but how is the question. One rarely gets more than one case in a household and very seldom more than one case in a particular class in a school, but odd cases crop up in the most mysterious fashion, one in one part of the district and another in another part remote from each other and having no connection the one with the other. The source of infection in nearly all of our cases is difficult to get at. The disease does not appear to be of the same virulent nature as it used to be.

CONTINUED FEVER.—The two cases which occurred were certainly not like Enteric Fever. What the exact nature of the disease was could scarcely be determined ; one case which died was suspiciously like Tuberculosis, but no evidence of Tuberculosis could be found although Tubercle Bacilli were carefully sought for in the evacuations.

PUERPERAL FEVER.—The only case notified died—a usual occurrence ; the most rigid precautions were taken to prevent its spread, with satisfactory results.

SMALLPOX.—No case occurred which was Providential. A day of reckoning is in store for many of the so-called conscientious objectors to Vaccination. In many cases it is not a matter of conscience at all, but simply a temporary method of saving a small amount of trouble in the household. It is evident that in the near future the attack incidence and the dread results—death or disfigurement—will be in an unverse ratio to what they were in former years. For several generations now Smallpox has attacked more particularly those of the populace who had attained to the comparatively mature period of life, who as the result of protective methods and of their own virility were able to a considerable degree to resist the onslaughts of the disease. The rising generation will not be so adequately protected and the result will be that Smallpox will revert to its former habits and attack and decimate the very young unprotected population which is growing up, and we will have another terror added to the diseases which particularly ravage those at the period of life most susceptible, viz., that of childhood. How we are going to keep our Infantile Mortality statistics down under these conditions is beyond comprehension. Let us hope that the faddist group who are largely responsible for the developement of this peculiar type of conscience will, when the disease is among us and the danger is apparent, act as many of them have acted before and discover that their consciences are extremely elastic and chamaleon-like, and that in the long run the safety of their children is of more consequence than the improperly thoughtout qualms of their consciences. There is one strong element of hope in the minds of those of us who have seen much Smallpox and that is in the wonderful power the presence of this disease among such people has of making them believe that a commonsense way of looking at things is more advantageous to them than the possession of their own variety of conscience.

NON-NOTIFIABLE EPIDEMIC DISEASES.

Measles, German Measles, the so-called Fourth Disease, Mumps, Whooping Cough, Chicken Pox, an infective type of Ophthalmia, a septic variety of sore throat—Streptococcal and non-diphtheritic, Diarrhoea and Influenza, have been prevalent in every part of the district during the year.

DEATHS FROM ZYMOTIC DISEASES.

<i>Notifiable.</i>			<i>Non-Notifiable.</i>		
Diphtheria	...	1	Whooping Cough	...	3
Enteric Fever	...	3	Zymotic Enteritis	...	6
Continued Fever	...	1	Epidemic Influenza	...	7
Scarlet Fever	...	1	Measles	...	10
Puerperal Fever	...	1			
		<hr/> 7			<hr/> 29

PORT SANITARY HOSPITAL.

The Council still continues to contribute to the upkeep of this Hospital. It behoves the Council in view of the possible incorporation of an adjoining district within the jurisdiction of the Urban District of Blyth, to see that its rights are not further jeopardised by the admission of further cases of infectious disease from the more extended area into this Hospital.

Some remains of the ruins of the cottages in the vicinity of the Port Sanitary Hospital still exist.

NEW ISOLATION HOSPITAL.

6 cases of Enteric Fever were treated in the Hospital during the year. There was 1 death, that of a child who had recovered from the Fever, but who ultimately succumbed to gangrene of the jaw and cheek.

GENERAL CONSIDERATION OF DISEASE TABLE.

DIARRHŒA AND ENTERITIS.—It is pleasing to be able to record a marked diminution in the number of deaths from these causes, viz. 19 deaths as compared with 48 deaths last year. The cold summer and the increased slaughter of flies appear to have been the chief factors in producing this satisfactory state of affairs.

TUBERCULOUS DISEASES were directly responsible for 36 deaths, 26 being from Pulmonary Tuberculosis (Phthisis) and 10 from other varieties of Tubercle. The increase over last year (6) was due to Phthisis. The remarks made in former years and in another part of the present report regarding these important factors in swelling our death tables deal with most of the points bearing on the procedure to be taken to effectually deal with this scourge.

CANCER AND MALIGNANT DISEASE.—16 deaths occurred under this heading, the same number as last year. Methods of stopping or limiting the ravages of this dread disease still remain in an unsatisfactory state. I see no immediate hope for improvement; it is satisfactory however to know that much money is being spent in earnest endeavour to elucidate the primary source of this disease, and many of the best brains in the country are being devoted to the study of the problem in its many and varied aspects.

DISEASES OF THE RESPIRATORY SYSTEM.—Exclusive of Pulmonary Phthisis our returns shew that 58 deaths were directly due to these diseases, 20 of these being due to Bronchitis and 29 to Pneumonia; this is as against 73 deaths under the same heading last year.

The statistics relating to the respective divisions—Bronchitis and Pneumonia—are apt to be somewhat misleading, as many people classify Capillary Bronchitis under Bronchitis, while others enter Broncho-Pneumonia as Pneumonia. It is a matter of opinion whether the two diseases, especially in children, are not identical or at least whether the one is not a further stage of the other. For the purpose of Table IV I have classified under Bronchitis those deaths which were attributable so far as could be ascertained to a true Bronchitis, while those which were on the border line and those which were true Pneumonia have been put under the latter heading. The entering into and living in new houses which had not been properly dried had a good deal to do with swelling the returns of deaths from Diseases of the Respiratory Organs, especially among young children.

PREMATURITY OF BIRTH, DEBILITY FROM BIRTH, AND INFANTILE ATROPHY were responsible for 45 deaths, a somewhat smaller number than last year. Some of the causes of death under this heading are due to the sins of their fathers and mothers before the birth of the child, and consequently so far as the infant is concerned largely unavoidable. Other causes again arising from carelessness, ignorance, and occasionally wilful neglect of ordinary precautions are avoidable; where such causes result in the death of an infant the culpability ought to be brought home forcibly to the transgressor. Starvation of an infant from overfeeding it is a case in point, and this is no unusual occurrence in the district.

HEART DISEASE again bulks largely in our returns as a cause of death, 39 persons having died from the various forms of it as a primary disease. I do not see much prospect in the immediate future for much reduction in the number of deaths from heart troubles, as the conditions of life and labour in a mining district such as this tend to the production of these varieties of disease.

NERVOUS DISEASES.—18 deaths are attributable to various Nervous Diseases. They do not call for any special comment this year.

GENERAL REMARKS.

During the year a vast amount of work has been done by the various committees of the Council, and that this labour is bearing fruit is evident from the gradually improving condition of the district. That much remains to be done goes without saying, but honest effort year by year is slowly lessening the amount of back-work remaining to be done.

The work of the officials has again been materially lightened by the active help accorded by the members of the Council.

R. S. TROTTER, Medical Officer of Health.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

	Premises.	Number of					
		Inspections.		Written Notices.		Prosecutions.	
FACTORIES	50	...	None.	...	None.
WORKSHOPS	42	...	"	...	"
WORKPLACES	20	...	"	...	"
Total		...	112	...	None.	...	None.

2.—DEFECTS FOUND.

					Number of Defects.			
Particulars.					Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
<i>Nuisances under the Public Health Acts:—</i>								
Want of cleanliness	...	...	...	...	Several.	Yes.	No.	None.
Want of Ventilation	...	..	...	...	None.			
Overcrowding	...	..	..	..	”
Want of drainage of floors	...	...	...	...	”
Other nuisances	..	...	...	...	Several.	Yes.	No.	None.
Sanitary accommodations	{ insufficient unsuitable or defective not separate for sexes }			...	Public Health Acts Amendment Acts, 1890, not adopted.			
<i>Offences under the Factory and Workshop Act:—</i>								
Illegal occupation of underground bakehouse (S. 101)				...	None.			
Breach of special sanitary requirements for bakehouses (S.S. 97 to 100)				...	”			
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report.)					...	...	”

3.—HOME WORK, not applicable to this District.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of 1906.

Cycle Factory, Brick Works, Aerated Water Works, Tailoring, Bakeries, Quarry, Joinery, Sawmill,
Candle Works, Saddlers, Blacksmiths, Dressmaking, Tinsmith, Fish and Chip and Ice Cream
Shops, Cycle Repairing Shops, Boot Factory.

Total number of Workshops on Register ... 85

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	None.
Action taken in matters referred by H.M. Inspector	"
as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	"
Other Defective Privies remedied	4
<i>Underground Bakehouses (S. 101):—</i>	
Certificates granted during the year	"
In use at the end of the year	"

R. S. TROTTER,

Medical Officer of Health.

TABLE I.

Vital Statistics of Whole District during 1909 and previous Years.

Name of District, BEDLINGTONSHIRE.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.	Under 1 Year of age.		At all Ages.					Number.	Rate.
				Number.	Rate per 1000 Births registered	Number.	Rate.					
1	2	3	4	5	6	7	8	9	10	11	12	13
1899	18000	741	41	170	229	401	22					
1900	18000	713	39	125	175	368	20·5					
1901	18500	789	42·6	144	182	362	19·5					
1902	19500	693	35·5	93	134	289	14·8					
1903	20000	735	36·7	127	172	374	18·7	5			374	18·7
1904	20000	729	36	132	181	367	18	4			367	18
1905	20500	678	33·7	105	155	327	15·9				327	15·9
1906	22500	752	33·4	119	158	355	15·7				355	15·7
1907	23500	739	31·4	98	132·6	301	12·8				301	12·8
1908	24500	784	32	137	174	385	15·7	2			385	15·7
Averages for years 1899-1908	20500	735	36	125	169	352	17·3					
1909	26530	817	31·8	95	116	350	13·6	1			350	13·6

Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public institutions” to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres
(exclusive of area
covered by water.) } 8435·5.

Total population at all ages, 18,766 ... }
Number of inhabited houses, 3763 .. } At Census of
Average number of persons per house, 5... } 1901.

<p>I.</p> <p>Institutions within the District receiving sick and infirm persons from outside the district.</p>	<p>II.</p> <p>Institutions outside the District receiving sick and infirm persons from the district.</p>	<p>III.</p> <p>Other Institutions, the deaths in which have been distributed among the several localities in the district.</p>
	<p>Union Workhouse, Morpeth.</p> <p>County Asylum, Morpeth.</p> <p>Royal Victoria Infirmary, Newcastle-upon-Tyne.</p> <p>Prudhoe Memorial Home, Whitley Bay.</p>	
<p>Is the Union Workhouse within the District? No.</p>		

TABLE II.

Vital Statistics of Separate Localities in 1909 and previous years.

Name of District, BEDLINGTONSHIRE.

NAMES OF LOCALITIES	BARRINGTON.						BEDLINGTON.						CAMBOIS.						CHOPPINGTON.						NETHERTON.						SLEEKBURN.						E. & W. SLEEKBURN.												
	a.	b.	c.	d.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	a.	b.	c.	d.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	a.	b.	c.	d.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	a.	b.	c.	d.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	a.	b.	c.	d.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.									
YEAR.																																																	
1899 ..	1018	27	11	32	5525	185	79	32	2444	82	39	10	5314	186	96	33	1000	40	14	3	3815	125	67	21	1384	33	21	4																					
Rate per 1000		26.5	10.8			33.5	14.3			33.5	15.9			35	18			40	14			32.7	17.5			23.8	15																						
1906 ..	1088	41	19	28	5962	196	96	28	2626	86	35	11	5819	204	100	35	1294	52	20	8	4232	136	65	26	1478	37	20	6																					
Rate per 1000		37.7	17.4			32.8	16			32.7	13.3			35	17			40	15			32	15			25	13.5																						
1907 ..	1111	34	16	28	6119	183	77	28	2700	105	31	9	6059	184	84	25	1734	64	16	6	4513	135	59	20	1519	34	18	6																					
Rate per 1000		30.6	14.3			29.7	12.5			38.8	11.5			30.3	13.9			36.9	9.2			29.9	13			22.3	11.8																						
1908 ..	1117	35	29	42	6313	205	106	42	2745	77	32	9	6214	226	101	35	1830	62	31	12	4848	146	66	27	1567	33	20	5																					
Rate per 1000		31.3	25.9			32.5	16.8			28	11.6			36.4	16			33.9	16.9			30	13.6			21	12.7																						
1909 ..	1128	36	26	21	6743	219	80	21	2795	82	41	7	6364	190	88	23	1879	80	31	13	5004	180	69	21	1717	30	15	3																					
Rate per 1000		31.9	23			32.5	11.8			29	14.5			29.8	13.8			42.6	16			35.9	13.7			17	8.5																						

NOTES.—(a) The separate localities adopted for this table should be the areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I, as to meaning of terms "resident" or "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns of *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.; the gross total of the sub-columns *c* should agree with the total of columns 2 in table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III.

Cases of Infectious Disease notified during the Year 1909.

Name of District, *BEDLINGTONSHIRE.*

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.						NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.						8			
	At all Ages.		At Age†—Years.					Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn.	East & West Sleekburn.	1	2	3	4		5	6	7
			Under 1.	1 to 5	5 to 15	15 to 25	25 to 65																65 and upwds
Smallpox ...	17	1	4	9	3		6	6			2											
Cholera ...																						
Diphtheria (including Membranous croup)	10		1		2	6	1	4	4		2	1	1									
Erysipelas ...	30		7	22	1			4	10	8	2	6										
Scarlet fever ...																						
Typhus fever ...	12			1	6	5		4	4	1	1	2	2									
Enteric fever ...																						
Relapsing fever ...	2			2							2											
Continued fever ...	1					1		1														
Puerperal fever ...																						
Plague *																						
Totals ...	72	1	12	34	12	12	1	8	19	15	5	11	4									

One case occurred in the Hospital; the other five cases are included in the returns for the previous year although still under treatment in the current year.

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

*This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or consists of only one undivided area.

Isolation Hospitals at Fever Hospital, Stakeford, and Isolation Hospital, Staithes Quay.

Total available beds, 34.

Number of Diseases that can be concurrently treated, Variable.

TABLE IV. Causes of, and Ages at, Death during Year 1909.

Name of District, BEDLINGTONSHIRE.

(See Notes at Back.)

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							DEATHS AT ALL AGES OF "RESIDENTS" BELONGING TO LOCALITIES, WHETHER OCCURRING IN OR BEYOND THE DIST.							TOTAL DEATHS WHETHER OF RESIDENTS IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All Ages.	Under 1 year	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Barrington.	Bedlington.	Cambour.	Choppington.	Netterton.	Sleekburn.	East & West Sleekburn.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Smallpox ...															
Measles ...	10	3	7						1	1	1		5	2	
Scarlet fever ...	1		1							1					
Whooping Cough ...	6	3	2	1					3		2	1			
Diphtheria (including Membranous croup)	1		1						1						
Croup ...															
Fever { Typhus ...	3			1	2			1			1	1			1
{ Enteric ...	1			1								1			
{ Other continued															
Epidemic influenza ...	7		1			4	2	1	4	1			1		
Cholera ...															
Plague ...															
Diarrhœa. (See notes at back)	6	5					1	1			3		2		
Enteritis. (See notes at back)	13	11	2					2	5	1	2	2		1	
Puerperal fever. (See notes at back)	1					1			1						
Erysipelas ...															
Other septic diseases ...	3	1	1			1			1		1		1		
Phthisis, (Pulmonary Tuberculosis)	26		1	2	8	14	1	2	6	4	4	2	7	1	
Other tuberculous diseases	10	4	4	1		1			2	6	1		1		
Cancer, malignant disease (See notes at back)	16					12	4	1	2	3	6		3	1	
Bronchitis ...	20	5	4			3	8		4	6	3	2	4	1	
Pneumonia ...	29	3	8	1	3	12	2	2	8	4	8	1	6		
Pleurisy ...	3					3			2		1				
Other diseases of Respiratory organs	6	2	2			2		1	1		2		2		
Alcoholism															
Cirrhosis of liver }	1						1		1						
Cerebral Hæmorrhage ...	11					4	7	3	4	1		1	1	1	
Venereal diseases ...															
Premature birth ...	19	19						2	2	1	8	1	3	2	
Diseases and accidents of parturition	3				1	2			2			1			
Heart diseases ...	39	1		1	1	24	12	5	7	4	8	3	9	3	
Accidents ...	11		3	3	1	4		2	1	2	4		2		
Suicides ...	1					1					1				
Infantile Atrophy ...	10	7	3						1		4	2	3		
Debility from Birth ...	16	16							6	1	2	4	3		
Kidney diseases ...	10			1		7	2		2	1	2	4		1	
Nervous diseases ...	18	7	1			7	3		2	2	5	3	6		
Old Age ...	19						19	1	5	1	7	1	4		
All other causes ...	30	8	5	2	1	9	5	2	6	1	2	1	6	2	
All causes ...	350	95	46	14	17	111	67	26	80	41	88	31	69	15	1

NOTES TO TABLES IV & V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of Table IV should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of Table IV should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhœa" are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.

Deaths from diarrhœa secondary to some other well defined disease should be included under the latter.

Deaths from Enteritis, Muco-enteritis, Gastro-enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately, from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.

- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis, occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V are to be included deaths from Atelectasis, Icterus neonatorum, Navel Hæmorrhage, Malformations and Congenital hydrocephalus.
- (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

R. S. TROTTER,

10th March, 1910.

Medical Officer of Health.

TABLE V.

*Bedlingtonshire Urban District.***INFANTILE MORTALITY DURING THE YEAR 1909.**

Deaths from stated Causes in Weeks and Months under One Year of Age.

(See Notes at back of Table IV.)

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes	Certified ...	24	4	7	3	38	6	5	4	13	10	3	2	2	6	1	5	95
	Uncertified																	
COMMON INFECTIOUS DISEASES.																		
Small-pox ...																		
Chicken-pox ...																		
Measles ..														1			2	3
Scarlet Fever ...																		
Diphtheria (including																		
Membranous Croup }																		
Whooping Cough ..								1		1					1			3
DIARRHOEAL DISEASES.																		
Diarrhoea, all forms ...									1		3				1			5
Enteritis, Muco-enteritis,																		
Gastro-enteritis,								1	1	1	3	1	1	1	1			11
Gastritis-Gastro.																		
intestinal Catarrh																		
WASTING DISEASES.																		
Premature Birth ...		13	2	2	1	18	1											19
Congenital Defects ...		3		1		4												4
Injury at Birth ...																		
Want of Breast-milk,																		
Starvation								1										1
Atrophy, Debility,																		
Marasmus		5	2	4		11	2	1	1	5		1			1			22
TUBERCULOUS DISEASES.																		
Tuberculous Meningitis ...											1							1
Tuberculous Peritonitis																		
Tubes Mesenterica											2						1	3
Other Tuberculous Diseases																		
OTHER CAUSES.																		
Erysipelss ...																		
Syphilis ...																		
Rickets ...																		
Meningitis (not Tuberculous)											1	1					1	3
Convulsions ...		3			1	4	1	1		1								7
Bronchitis ...					1	1			1	1							1	5
Laryngitis ...										1			1					2
Pneumonia ...										1	1				1			3
Suffocation, overlying																		
Other Causes											1				1	1		3
		24	4	7	3	38	6	5	4	13	10	3	2	2	6	1	5	95

District of Bedlingtonshire.

Population estimated to middle of 1909—25630.

Births in the year } legitimate, 792.
 } illegitimate, 25.

Deaths in the year } legitimate infants, 93.
 } illegitimate infants, 2.

Deaths from all Causes at all Ages, 350.

